

Division of Corporations

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W01000003653

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

MJM

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 922-4003

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

RECEIVED

01 MAR - 9 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01 MAR - 9 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

BRICKELL REALTY INVESTORS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

1 of 2

MR-09-2001 12:25 305 541 3770 P.01/04

EMPIRE CORP

3/9/01 12:53 PM

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(14)
ARTICLES OF ORGANIZATION

FOR

BRICKELL REALTY INVESTORS, LLC

ARTICLE I. - NAME

The name of this Limited Liability Company ("Company") shall be:

BRICKELL REALTY INVESTORS, LLC

01 MAR -9 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE II. - ADDRESS

The mailing address of the Company is: P.O. Box 728, Palm Beach, Florida 33480.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its Manager; the name and address of such Manager is:

Name: John J. Quinn

Address: c/o The Christopher Companies
80 Glen Head Road
Glen Head New York 11545

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

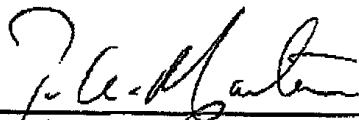
The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

THE PARTY HERETO HAS EXECUTED THESE ARTICLES OF ORGANIZATION
AS OF THE 9th DAY OF MARCH, 2001.



Signature of a member or an authorized representative of a member.

Pedro A. Martin

Typed or printed name of signee

-2-

Miami/q03t011.DOC

TOTRL P.04

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: BRICKELL REALTY INVESTORS, LLC
2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESO,
NAME

Greenberg, Traurig, P.A.
1221 Brickell Avenue, Suite 2100
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131
CITY, STATE AND ZIP

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

P. A. Martin
SIGNATURE

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-3-

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MAR-09-2001

12:26 305 541 3770

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P.04/04

FILED
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90583 034 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003653

1. Entity Name

BRICKELL REALTY INVESTORS, LLC

Principal Place of Business

P.O. BOX 728
PALM BEACH FL 33480

Mailing Address

P.O. BOX 728
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

52-2301686

 Applied For
 Not Applicable5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
C/O GREENBERG, TRAURIG, P.A.
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9.

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINN, JOHN J 80 GLEN HEAD ROAD GLEN HEAD NY 11545	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

4/29/02 561
818-2252

Date Daytime Phone #

CR2003 (901)

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000003653

1. Entity Name

BRICKELL REALTY INVESTORS, LLC



**FILED
Feb 10, 2003 8:00 am
Secretary of State**

02-10-2003 90105 027 ****50.00

Principal Place of Business
P.O. BOX 728
PALM BEACH FL 33480

Mailing Address

P.O. BOX 728
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2301686** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
C/O GREENBERG, TRAURIG, P.A.
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

[
City**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** Delete
NAME **QUINN, JOHN J**
STREET ADDRESS **80 GLEN HEAD ROAD**
CITY-ST-ZIP **GLEN HEAD NY 11545**

TITLE **MGR** Delete
NAME **TAMARA J. FISHER**
STREET ADDRESS **164 SEMINOLE AVENUE**
CITY-ST-ZIP **PALM BEACH, FLORIDA**

TITLE **MGR** Delete
NAME **33480**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TAMARA J. FISHER 2/1/03 **561**
848-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)